



Application Form 2005

Name of Parent: _____

Status: LBNL ID# _____ UC ID# _____ Previous Camper _____ General Public _____

Email address: _____ Mail Stop: _____

Home address: _____

Home telephone: _____ Work telephone: _____

Number of children enrolling: _____

Name(s) of child(ren)			
Grade in the Fall			
Age			
Gender			
Week 1 7/11-7/15			
Week 2 7/18-7/22			
Week 3 7/25-7/29			
Week 4 8/1-8/5			
Week 5 8/8-8/12			
Week 6 8/15-8/19			

Note: Please use separate form for additional children

Please check if you are willing to volunteer in any of the following areas. We truly appreciate any help from parents.

_____ Assisting Camp Director

_____ Giving a tour of your Lab or _____ giving presentations

Donations:

_____ Games _____ Art Supplies _____ Experiment material _____ Other

Contact: _____ Phone: _____

For further information, please send email to sciencecamp@lbl.gov or call (510)486-6566